

FILED APR 11 1945

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH: St. Louis

(a) County _____

(b) City or town _____

(c) Name of hospital or institution: W. St. Rose Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: W. St. Louis

(c) City or town: St. Louis

(d) Street No.: 5961 Page Blvd.
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: CHARLES P ANDERSON

3. (b) If veteran, name war: ✓ 3. (c) Social Security No.: 494-07-5921

4. Sex: Male 5. Color or race: W 6. (a) Single, widow, divorced, or married: Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: November 25 1905
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>39</u> | <u>4</u> | <u>7</u> | hr. min. |

9. Birthplace: St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Shoe Worker

11. Industry or business: Fannels Shoe Co.

12. Name: John Anderson

13. Birthplace: St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Lane

15. Birthplace: St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: Leathner Egan

(b) Address: 5961 Page

17. (a) Burial: Burial (b) Date thereof: 4-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Salvatory Cem.

18. (a) Signature of funeral director: Chas. F. Stuart

(b) Address: 1225 Union Blvd.

19. (a) APR 6 1945 (b) E. B. McBarney, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1945 hour 2 minute 07 P.M.

21. I hereby certify that I attended the deceased from March 31 1945 to April 2 1945
that I last saw him alive on April 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Fat. Adv. Pul. Tbc. Duration: 1 1/2 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death): _____

Major findings: Of operations: _____

Of autopsy: Same 138-1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury: ○

23. Signature: John C. Murphy (M. D. or other) M.D.
Address: 9001 So. Broadway Date signed: 4/2/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

227

-11-45

707

Handwritten notes at top left, possibly including a date like 'April 17 1945'.

Handwritten notes at top right, possibly including a name or address.

Handwritten notes in the middle section, possibly including 'APR 17 1945'.

APR 17 1945

Handwritten notes in the lower middle section, possibly including 'EM' and other initials.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.
working under my personal supervision.

Signed *Bernard A. J. Stuard*

Licensed Embalmer No. *3500*

P. O. Address:

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.